

# IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE COEUR D'ALENE-SPOKANE RIVER  
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

ID Number: 94-9346Date Received: 9-17-2014Receipt No: N030809Amount: 25.00 By: LW

## NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

For domestic and/or stockwater purposes where  
daily use is less than 13,000 gallons per day

RECEIVED

SEP 17 2014

IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) Mary Lou Andersen Phone 208-689-3900  
Mailing address 12825 E. Rosewood Rd, St Maries, ID ZIP 83861  
Street or Box City State  
2. Date of priority (only one (1) per claim) June 15 - 1968  
Month/Day/Year (yyyy)  
3. Source of water supply (check one) Ground Water (X) or Other ( ) (a) well  
which is tributary to (b) \_\_\_\_\_

4. Location of point of diversion is: Township 47 N, Range 2 W, Section 17,  
SE 80 1/4 of \_\_\_\_\_ 1/4, or Govt. Lot \_\_\_\_\_, B.M., County of Kootenai  
Parcel (PIN) no. 47 N02 W 179000

Additional points of diversion, if any: \_\_\_\_\_

If available, GPS coordinates \_\_\_\_\_

5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

The well was drilled to 32', cased to 17'. A submersible pump piped into the well house containing a pressure tank. Piped to house 50' away.

6. Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)

	Month/Day	Month/Day	cfs ( )	AFY ( )
For <u>Domestic</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>.04 cfs</u>				
For <u>Stockwater</u> purposes from <u>1-1</u> to <u>12-31</u> amount <u>.02 cfs</u>				

7. Total quantity claimed .06 cfs (X) or AFY ( )

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): Domestic, 1 home

Stockwater, 0-25 head mixed cattle, hogs, chickens

9-17-14  
SE 80  
mld

9. Location of place of use is: Township 47N, Range 20, Section 17, SE 1/4 1/4 of \_\_\_\_\_ 1/4,  
or Govt. Lot \_\_\_\_\_, B.M., Parcel (PIN) no. (if different than shown in Item 4) \_\_\_\_\_

For (check one) Domestic (☒) Stock (☒) Domestic and Stock (☒)

Additional places of use, if any: \_\_\_\_\_

10. In which county(ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (☒) No ( )

If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

\_\_\_\_\_ or None (☒)

13. Remarks:

2 Maps - Google Earth & County map

14. Basis of claim (check one) Beneficial Use (☒) Posted Notice ( ) License ( ) Permit ( ) Decree ( )

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable, provide IDWR water right number \_\_\_\_\_

15. Signature(s)

a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do ( ) do not (☒) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of claimant(s) Mary Lou Anderson Date: 9-17-14

\_\_\_\_\_  
Date: \_\_\_\_\_

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

\_\_\_\_\_  
Title of \_\_\_\_\_ Organization

that I have signed the foregoing document in the space below as

\_\_\_\_\_  
Title of \_\_\_\_\_ Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent \_\_\_\_\_ Date \_\_\_\_\_

Title and organization \_\_\_\_\_

16. Notice of appearance:

Notice is hereby given that I, \_\_\_\_\_, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_